

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

13. D. 10. (Cont.)

The Plan must be mutually agreed upon by the team. Minimally, it must identify the following:

- 1) service goals and objectives;
- 2) identification of FPS to be provided;
- 3) proposed time frames;
- 4) documentation strategies;
- 5) responsible program staff; and
- 6) individualized discharge criteria.

Progress documentation shall be recorded at specific time intervals by the interdisciplinary team in accordance with the Plan.

PROGRAM STAFF QUALIFICATIONS

The program will be implemented by staff according to the individual's needs. At a minimum, the program requires a physician, registered nurse, or psychologist currently licensed by the State of Washington to determine medical necessity and for consultive purposes and at least one of the following:

- 1) A social worker holding a graduate degree from a school of social work accredited or approved by the Council of Social Work Education or another comparable body,
- 2) A registered nurse who is currently licensed by the State of Washington, or
- 3) A human services professional holding at least a bachelor's degree in a human service field including, but not limited to psychology, behavioral therapy, social work, sociology, special education or rehabilitation counseling. In addition, this person must have at least two years experience working with families and children.

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All providing agencies must be certified by the Washington State Department of Social and Health Services as meeting minimum qualifications.

SERVICE DEFINITIONS

FPS will provide a wide range of therapies in the home and community where the child lives. It is generally recognized that familiar environments create a therapeutic milieu where greater learning can occur for the child and programs can be demonstrated for family members. This atmosphere assures consistent program delivery. All services listed below will be directed towards the child.

Optional Program Services include:

1) Behavior Management Training

These include activities which provide guidance and training in techniques of behavior modification. It allows practicing skills to increase the capacity for management of the full spectrum of one's behavior from everyday life experiences to acute emotional stress. Such activities shall focus on interventions which assist in the identification of internal and external stressors, development of coping strategies, and teaching family members how to apply these techniques in absence of program staff.

2) Counseling Services

These services are the use of individual or group therapeutic modalities. They assist the individual to clarify future direction and identify behaviors that interfere with achievement of individual goals. They allow the individual to identify personal potential and work through internal issues which may interfere with daily life.

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3) HEALTH OPTIONS COUNSELING

Health options counseling ameliorates behavioral and emotional impairment by providing therapy to restore the child's interest and understanding of his/her own health.

4) CRISIS INTERVENTION

Crisis intervention services alleviate acute behavior outbursts displayed by the child.

5) Daily Living Skills Training

This training focuses on the acquisition of skills and capabilities to perform primary activities of daily life. It includes functional areas such as: dressing, personal hygiene, grooming, clothes maintenance, food preparation, and basic money management. Such activities increase the child's sense of personal responsibility and self-worth.

6) Medication Management and Training

This training provides information to ensure appropriate understanding of the role and effects of medication in treatment, identification of side effects of medications and potential drug or food interactions. Training in self administration of medication will be provided as approved by the Program Team physician.

7) Socialization Skills Training

This training assists the child to develop and practice "age appropriate" social and interpersonal skills. These activities promote participation in positive social events and development of appropriate communication and negotiation skills.

State/Territory: WASHINGTONAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

[X] Provided: [X] No limitations [] With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

[X] Provided: [X] No limitations [] With limitations*

b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

[X] Provided: [X] No limitations [] With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided: [X] No limitations [] With limitations*

17. Nurse-midwife services.

[X] Provided: [] No limitations [X] With limitations*

18. Hospice care (in accordance with section 1903(o) of the Act.

[X] Provided: [X] No limitations [] With limitations*

*Description provided on attachment.

TN No. 93-20
Supersedes
TN No. 86-14Approval Date: 7/21/93 Effective Date: 07/01/93

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17. Nurse-midwife services

Limited to facilities approved by the department to provide this service.

TN # 91-35
Supersedes
TN # 84-19

Approved: 1/14/92

Effective: 12/1/91

State/Territory: WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☐ With limitations*

☐ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

☐ Provided: ☐ With limitations*

☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

- ☒ Provided: ☐ Additional coverage ☐ ++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☒ Additional coverage ☐ Not provided. ☐ ++

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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Supersedes

TN No. 92-08

Approval Date

8/24/94

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20. Extended services for pregnant women

The extended services include:

1. Maternity support services, by a provider approved by the Department of Health and the single state agency, consisting of:
 - a. nursing assessment and/or counseling visits;
 - b. psychosocial assessment and/or counseling visit;
 - c. nutrition assessment and/or counseling visit;
 - d. community health worker visit; and
 - e. child birth education.
2. Outpatient alcohol and drug treatment for pregnant women consisting of a chemical dependency assessment by an Alcohol and Drug Abuse Treatment and Services Act assessment center, parenting education, and chemical dependency treatment.
3. Rehabilitation alcohol and drug treatment services, excluding room and board, for pregnant women recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under State law, provided in residential treatment facilities with 16 beds or less certified by the Division of Alcohol and Substance Abuse.

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Supersedes

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TN# 89-12

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20. Extended Services to Pregnant Women, continued.

4. Genetic Counseling performed by a provider approved by Parent-Child Health Services and the single state agency.

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TN# ---

State/Territory: WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

TN No. _____

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Approval Date _____

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23.a. Transportation

- (1) Approval required for all except transportation by ambulance.
- (2) Transportation for covered medically necessary services is provided in two ways.
 - (a) As an optional medical service through direct vendor payments. Transportation provided as an optional medical service includes:
 - i. Ambulance transportation,
 - ii. Non-ambulance transportation in those counties where contractual arrangements for providing transportation as an administrative service are being negotiated or are planned, and
 - iii. Services provided outside the broker's contractual obligation.
 - (b) As an administrative service through contractual arrangements between the single state agency and local governmental entities, transit authorities, non-profit or private enterprises. Only non-ambulance transportation is provided as an administrative service. Non-ambulance transportation available through contractual arrangements may include mass public transportation, commercial air, rail, bus, taxi and cabulances, non-profit paratransit, volunteer transportation, and recipient supplied transportation.

23.d. Skilled nursing facility services provided for patients under 21 years of age.

Prior approval.

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